

USPS TRACKING#



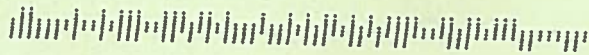
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 5766 0003 9522 47

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

Kayla Reed Devont
1505 N Sheridan Ave
North Platte NE 69101



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X HC C11 C19 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>North Platte police department 201 s Jeffers northplatte ne 69101</p>		<p>B. Received by (Printed Name) HC C11 C19</p>	<p>C. Date of Delivery 12-14-2020</p>
<p>Article Number (Transfer from service label)</p> <p>7019 1640 0001 6590 0210</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 5766 0003 9522 47</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

Civil Action No. 4:20CV3151

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

Kayla Reed + Devonte King
1565 N. Sheridan Ave
North Platte, NE 69101

RECEIVED

DEC 18 2020

CLERK
U.S. DISTRICT COURT

		Retail
F	US POSTAGE PAID	
	\$3.85 Origin: 69101 12/16/20 3064650901-44	
FIRST-CLASS PKG SVC - RTL™		
		0 Lb 1.20 Oz 1000
SHIP TO: 100 CENTENNIAL MALL N Lincoln NE 68508-3859		C009
USPS TRACKING® NUMBER		
		
9500 1137 1208 0351 4302 54		

Robert V. Denney Federal Building
100 Centennial Mall North
Room 593
Lincoln, NE 68508

 **#2** 21,6 cm x 27,9 cm
Dimensions Internes
Dimensions Interiores